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WHOLE No. 813.

Original.

REPORT OF TWO CASES OF NEPHRECTOMY.

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PYELO-NEPHRITIS IN A FLOATING KIDNEY; Nephrectomy; Recovery.

The first case, G. H., aged 54, presented herself in the Medico-Chirurgical Hospital, complaining of a tumor in the right lumbar region, somewhat movable, painful to the touch. Her urine was very foul, and contained a large amount of pus. She related that two years ago, after experiencing a sudden pain in the right lumbar region she felt a tumor moving about the abdomen. Since then it has become less movable, but has enlarged to the size of a child's head and is quite painful. The patient is exceedingly emaciated, and has night-sweats and nocturnal rise of temperature to 102 degrees. Diagnosis of pyelo-nephritis being made, the patient was put to bed and prepared for nephrectomy. One-twentieth of a grain of strychnine was injected hypodermically three times a day; daily warm-water baths for a week; general tonic treatment.

On July 18, after having somewhat improved, the operation was performed. The lumbo-abdominal incision was made; starting from the middle of the costal arch on the right side, a straight incision was made to within two inches of Poupart's ligament, this being somewhat longer than the apparent diameter of the tumor. The intestines were found matted together and adherent to the posterior wall of the peritoneum. After dissecting these off with the fingers, the posterior peritoneum was incised and the

tumor found intensely adherent to this. It was difficult to ascertain exactly where the tumor proper began, inasmuch as the post-peritoneal cellular tissue had become quite dense from chronic inflammation. This tissue we dissected with the fingers, and a considerable amount of oozing took place. This was checked by constant packing with dry iodoform gauze as we proceeded with the dissection. Getting near the pedicle, this hemorrhage became more and more profuse. It was impossible to ascertain the exact dimensions of the pedicle. Having isolated the tumor in this way, the adherent pedicle was grasped with two large forceps and the pedicle was cut between them, removing the tumor. The end of the pedicle was then dissected and the ureter ligated by itself, the remaining vessels ligated, and finally one large, stout ligature applied around the whole mass. The ligature was cut short and the stump dropped back into the cavity. The oozing spoken of above continued; in order to check this, about two yards of iodoform gauze were tightly and densely packed into the cavity left by the removal of the tumor, effectually replacing the amount of tissue removed in the operation.

The posterior peritoneum was not sutured; one end of the iodoform packing was brought out through the abdominal wall for drainage. Two sutures were applied to the abdominal wall, one at the superior extremity of the wound, and the other at the inferior extremity of the wound, the remainder of the incision being left open so as to insure perfect drainage. A large amount of cotton was placed over the wound, in order to increase the amount of pressure upon the bleeding parts by means of a tight abdominal bandage. This effectually

stopped the oozing. The dressing was not removed for seventy-two hours, though the cotton on the abdomen was thoroughly saturated with sero-sanguineous fluid. A dense packing of iodoform gauze was then reapplied. Seventy-two hours after this the same procedure was resorted to. On the twelfth day, as the patient showed every sign of constant improvement and as the oozing had ceased, two more stitches were applied to the abdominal wall, one at each extremity of the wound. It was quite an easy matter then to introduce a forceps with a pledget of gauze to the bottom of the wound to further dry it of exudation. When this had entirely ceased, a permanent dressing was applied, and the remainder of the incision in the abdominal wall was allowed to granulate and close.

As soon as the patient recovered from the ether after the operation, a saline purgative, consisting of half an ounce of Rochelle salts, was given. This was repeated every second day during the after-treatment. As a result, at no time did she complain of any abdominal pain, nor did her temperature rise at any time above $99\frac{1}{2}$ degrees. One month after the operation the patient left the hospital entirely well. She continues to visit us once a week, showing at each time continued improvement; has gained since the operation twenty pounds in weight. On examination of the kidney it was found to have been transformed into a large purulent sac, and at the pelvis of the kidney many phosphatic calculi were found.

Remarks.—From the above case we may infer:

1. The absolute necessity of immediate removing such an objectionable mass as a purulent kidney, especially when its presence is a source of pain and a continued drain upon the general system by creating a secondary cystitis.

2. The advantage of using the fingers to dissect away such an intensely adherent mass as this kidney was, from the peritoneum, resulting in less hemorrhage, and being altogether attended with less danger than would occur with any other instrument for the purpose.

3. Having removed the mass and being confronted with a large oozing surface, we should immediately use compression. In this case as much as two yards of iodoform gauze were found necessary to thoroughly compress the oozing surface and drain the wound.

4. The entire harmlessness of leaving the abdominal wound open when it is necessary to obtain thorough drainage. In our case we found that no evil result ensued from such a procedure, but, on the contrary, enabled us throughout the after-treatment to have perfect control over the wound, being able to inspect it at our pleasure. This, of course, is provided that we proceed with all the aseptic precautions which the gravity of such an operation demands. The abdominal opening was quite large enough to enable the introduction of our hand to the original seat of the kidney, and large enough to enable us, by compressing the outer edge of the wound, to drain the cavity of whatever remnant of fluid might have been left in it.

Finally, we wish to add our testimony to the great advantage derived from keeping all patients after laparotomy under the continued action of a saline purgative, which, to our mind, is the completion of the perfect application of the principle of drainage in surgery—i. e., internal or intestinal drainage—while on the other hand our surgical measures provide the external drainage. Suffice it to say, that after the operation the very unpleasant odor that always surrounded the patient disappeared, and likewise the secondary cystitis.

FLOATING KIDNEY, GIVING SYMPTOMS SIMULATING CHRONIC DYSPEPSIA; NEPHRECTOMY; RECOVERY.

S. A., aged 24, had for the last six years suffered obscure pain about the abdomen, and could not retain any amount of food. Constant nausea and mental depression had caused great emaciation. There was a family history of tuberculosis, though at no time did she show any symptoms of this disease. Upon examination, a movable tumor was detected in the left hypochondriac region, and upon palpation considerable pain was elicited. The tumor could be brought to the umbilical region. A diagnosis of floating kidney being made, and the condition having existed so long, it was determined that the organ had undergone degenerative changes, and that it therefore required extirpation.

Making a median incision, the kidney was reached without difficulty. It was found loose behind the mesentery, and attached to a pedicle no less than three and a half inches in length. It seemed

to have twisted upon its pedicle, lying crosswise, and appeared quite waxy in color. A double ligature was applied; having transixed the pedicle, the ureter was ligated separate from the renal vessels. The symptoms were relieved and the case progressed to an uninterrupted recovery. To-day, eight months after the operation, the patient has gained twenty pounds, eats heartily, and is free from any inconvenience.

The pathological examination of this kidney demonstrated that it was exceedingly anemic and yellow. The cortical substance could scarcely be differentiated macroscopically from the medullary. The pelvis was somewhat contracted and contained no urine. The capsule was intensely adherent. The microscopical examination showed great fatty degeneration of the Malpighian tufts. The epithelial cells had considerably disintegrated and were granular. In many places the nuclei could not be detected. The capillaries along the tubules were atrophied and granular. Finally, it was evident that the organ had long since been starved to death from an insufficient supply of blood, due to the twisting of itself upon its pedicle after it has loosened itself from its attachments. It soon underwent the fatty degeneration. It therefore contributed in no way to the elimination of urea at the time of the operation, thus explaining the absolute ease with which the patient recovered. The symptoms were, therefore, strictly mechanical and reflex from the movable tumor.

SKIN DISEASES AT VARIOUS AGES.

Man is liable to skin diseases at any period of his life, but age has a certain influence on their nature, development and modifications; just as the skin itself changes in character at various epochs, besides its continuous process of throwing off and renewing.

At its very birth an infant may be afflicted with cutaneous disease, in the form of *nævus materna*, *sclerema*, *ichthyosis congenita*, congenial cysts, etc., and scarcely has it quitted the breast when the skin begins to suffer from a multitude of infirmities. The whole scalp may be tormented by infantile *eczema*, or

pruritis, and may be covered with crusts and scales. The epidermis may break behind the ears, and give exit to a sanious discharge. Some infants have their lips lined with *aphthae*; others have the face disfigured by yellow vesicles, and this is the age most favorable to *erythema*, *roseola*, *rupia escharotica*, *strophulus* and infantile *pemphigus*. The head is the most frequent point of attack at this period.

Next come the various eruptions occasioned by dentition, and irritation of the mucous lining along the digestive tract, followed in still later childhood by *stomatitis*, *cancrem oris*, *seborrhea*, *tinea*, *miliaria*, *impetigo*, *urticaria*, *lupus*, warts, boils and chilblains, besides the specific eruptions of the exanthematous fevers common in early life.

In a little while the age of puberty develops, and almost everything in the economy changes. The skin loses its childlike mucous color, and its exhalations savor more of the animal. Then may come *acne*, *comedones*, *eczema*, *herpes* and *erysipelatous* eruptions, and the skin may be mapped out with pimples and blotches of a more or less phlegmonous character. The face, chest and shoulders are often the chosen sites at this period.

As the years pass on to full adult life affections of the skin lose some of the virulent activity they displayed in the ardent temperament of youth. The integument becomes coarser and less sensitive, the perspiration is sluggish and the individual is subject to *corns*, *lichen*, *sclero-derma*, *psoriasis*, *pompholyx*, *ecthyma*, *carbuncle* and *keloid*. At this period many skin diseases affect the lower parts of the trunk.

Lastly, when old age is reached, the skin does not experience the same changes to which it was accustomed in earlier days. Its vital properties are diminished and in abeyance; the superficial vessels become tortuous and varicose; the cellular tissue withers; the skin itself becomes dry and thickened, sometimes branny, perhaps *tuberculous*; and ulcers, tumors, *sebaceous* cysts, *prurigo* and *gangrene* are liable to make their appearance. At this period the lower extremities are the most prone to the cutaneous affections of senility.

LOUIS LEWIS, M. D.

TRIKRESOL.

THE PREPARATION OF CRESOLS AS A
DISINFECTANT FOR HYGIENIC AND
SURGICAL PURPOSES.

BY DR. O. LEIBREICH.

Translated from *Therapeutische Monatshefte*,
Jan. 1894.)

The advantages and disadvantages of carbolic acid are sufficiently well-known to warrant the search for substances free from its poisonous properties, that still retain its utility. Those compounds in close chemical relationship to carbolic acid were the first investigated. The nearest homologues of carbolic acid are the cresols, which are also obtained from coal-tar, together with carbolic acid, and numerous other products. As represented by chemical formulae, in which one hydrogen atom of carbolic acid is replaced by a methyl group, it is evident that there are three possible isometric modifications of the cresols. These three modifications of the cresols are all known, and are called respectively ortho-cresol, meta-cresol and para-cresol.

The preparation of these bodies in a pure state is an extremely difficult operation, the principal difficulty consisting in their separation from each other when mixed, as their boiling points are very close. Ortho-cresol boils at 180 degrees C., meta-cresol at 201 degrees C., and para-cresol at 198 degrees C. It is indeed possible to prepare them individually by the action of nitrous acid upon the corresponding toluidines or from the toluene sulphonic acids, in the same manner as carbolic acid is prepared from anilin, or for benzene sulphonic acid. Further ortho-cresol is obtained alone from camphor, meta-cresol from thymol, and para-cresol from the decomposition profuncts of animal secretions. None of these methods are, however, sufficiently simple to admit of their economical application for the production of a medicinal product.

The preparation of the three mixed cresols in a state of chemical purity must therefore be regarded as a great advance in chemical technology. The choice of the name trikresol for the mixture of the three pure chemical compounds is extremely fortunate as compared with the

hyperfantastic and irrelevant nomenclature usually indulged in.

In the crude carbolic acid, erroneously called 100 per cent. carbolic acid, the cresols are contained together with other bodies. The great disinfectant value of this product is undoubtedly due to its percentage of cresols. It has been attempted to bring this so-called 100 per cent. carbolic acid into a condition of practical utility by the addition of resin soap as solvent. This preparation, known as creolin, yields a milky solution when mixed with water, but the lowered percentage of disinfectant ingredients, especially of cresols, and the irritant qualities of the solution of resin soap have placed certain limits on the use of this preparation. Solveol is a solution of the same product in sodium cresotinate. The solvent possesses no great disinfectant properties, and the composition of this preparation is as liable to variation as the former.

Solutol has a similar character. Lysol is a solution of 100 per cent. carbolic acid in soap solution. All these preparations have found useful employment in medical practice, but their use must be considerably limited by variation in the percentage of cresols or by the presence of deleterious by-products. These facts are apparent in the diverse results obtained with them by different experimenters.

The preparation of the cresols in a pure state demonstrates, however, that no special solvent is required to make an aqueous solution. The pure cresols dissolve alone to the extent of 2 to 2.5 per cent. in water at ordinary temperatures, and a $\frac{1}{2}$ per cent. solution suffices as a rule for external application, although the strength can be increased to 2 per cent. as occasions arise. The cresols are indeed only insoluble when contaminated with either liquid or solid hydrocarbons, as is the case in the so-called 100 per cent. carbolic acid. According to the interesting experiments of Grubner, a 1 per cent. aqueous solution of the cresols answers to all surgical requirements. This new product is therefore an important discovery, because it is now possible for medical men to prescribe trikresol in a series of preparations of constant composition, which were formerly only obtainable as specialties under various names and of uncertain composition.

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PHILADELPHIA, APRIL 7, 1894.

KILLED BY KINDNESS.

The maternal instinct is the noblest one of poor human nature, but like all good things most disastrous in its abuse. The mother who watches day and night over a sick infant is the very mother who will give her child some food which she knows will insure a fatal issue to the illness, and all because she is too "kindhearted" to refuse.

How common is it in the experience of physicians attending on cases of cholera infantum to find a sudden and fatal relapse—because the patient has eaten a banana, for instance. Have we never had cases of typhoid, apparently progressing satisfactorily, suddenly terminate with an intestinal hæmorrhage—the result of beefsteak, given in spite of repeated warnings because the patient asked for it or felt weak and in need of something nourishing?

Has it not been our lot to return to a convalescent broncho-pneumonia and find everything wrong and our patient poisoned with squills, because of the mother's mistaken kindness and anxious solicitude for the rapid recovery of her infant?

It is not well to superciliously reject poisoning, from some patent expectorant—given without our knowledge, it

may be, but dictated by high motives on the poor mother's part?

It is not well to superciliously reject the suggestions which she may make as to treatment, but it seems necessary to warn poor women that they often do more harm than the disease from which their child suffers, and to strenuously insist that nothing shall be given without your consent.

Furthermore, write down your orders both as to diet and medicine and tell the mother that if she will only ask your opinion before venturing to depart from your written directions that you will discuss such a departure freely and frankly with her, and if it will be of advantage even in the smallest degree you will aid her in carrying out the new plan intelligently and to the best of your ability.

In this way you can secure her confidence, without which you are powerless, and you will have fewer unpleasant surprises from mistaken kindness.

A NEW TREATMENT FOR CANCER.

Dr. Mortimer Grenville, a noted physician of London, reiterates his assertion that "papain, in conjunction with the iodide of thalline, or tetrohydroparamethyloxychinoline, is beneficial and even curative in the treatment of cancer of the scirrhus type."

He now states that "the benefit is due to the thalline rather than the papain." Tumors have disappeared under this treatment and have not relapsed, and he believes that they were malignant, though some cases of malignant ulceration of the uterus have not received benefit. He believes he has cured malignant cases, especially some recent ones, in which the growth has diminished and disappeared in a remarkable manner. He has given periodotetrahydroparamethyloxychinoline in four grain doses, with a grain of musk (to prevent the prescriber from fainting) every second or third hour of the day throughout the treatment, and nothing else.

Dr. Grenville attributes his success by this method to the destruction of the locally proliferating and wandering leucocytes.

Leucocythemia, gout, osteo arthritis and cancer are different developments of the same initial fault, namely: Aber-

rant growth and multiplication, with morbid activity of protoplasmic leucocytes, showing a marked increase in the output of uric acid, due, he believes, to the augmented metabolism of leucocytes, whence uric acid has its source.

At all events, he urges practitioners to try his method in well-marked cases of carcinomata, as it is harmless and may possibly do some good.

In diseases like cancer no doubt many physicians will be only too pleased to try a new agent in the hope of ameliorating this dread disease, but if we are to prescribe this drug by its technical name our prescription blanks will need to be expanded. However, we expect the drug may continue to be called "iodide of thalline" for short.

HOW SHALL WE SPELL?

Any one who reads manuscripts for the press becomes aware that uniformity of spelling does not prevail among contributors. Of course bad spelling must be counted out altogether; that is simply a literary sin. The good old days when every man spelt according to his eye or ear have gone by. For instance, Henry V. of England wrote on a piece of paper, which may be seen in the British Museum: "Wherefore I wolte that the Duc of Orlans be kept stille within the castil of Pontfret with owte goying to Robertis place; for it is bettre that he lak his disport than we were deceived." That was king's English in the twelfth century. Chaucer's spelling shows what liberties a great poet could take with orthography in the fourteenth century. I open the "Canterbury Tales" and quote the first lines my eyes fall upon:

"For half so boldely can ther no man
Swere and lye as a womman can."

So said the "Wyf of Bath." But there were worse spellers than this poet of Richard the Second's. They grow worse and worse as we read backward toward the oldest English, which becomes as unreadable as a dead language, largely through the strangeness of the spelling. From this fact it must be concluded that fashions in orthography have changed as often as fashions in dress, with the added feature that before the days of dictionaries every man could vary the prevailing fashion to suit himself. But for one hundred and forty

years there has been no excuse for this personal variety in spelling. Dr. Johnson set the standard in 1755 for his own time, and as fast as there has been a change in orthography for good and sufficient reasons, lexicographers of acknowledged ability have made note of it. In our own day we have "Worcester" and "Webster" as books of easy reference, with "The Century Dictionary" as a more voluminous work, and one or two enterprises not completed. If it be asked which authority one is to follow when these doctors of letters differ, the writer can answer only for himself by saying that his own preference is for Worcester, although one will not go greatly amiss in the use of the last edition of Webster, his arbitrary theories of spelling having been largely expunged by recent editors.

A worse theory is that of the would-be reformers, who hope to improve orthography by the phonetic, after the manner of those kings who were a law unto themselves in word making, as in other things. The very diversity in pronouncing the same word in different parts of the country knocks this proposal in the head.

I have often heard "skool" and "skewl" from scholars in the North and from the South; "stew" and "stchew" from men of equal attainments. Call one of these a provincialism; but which one? And, then the relief which might come from spelling such words as "read," "red," to distinguish the past from the present tense, is somewhat diminished by mistaking reading for a color in combinations of words that might occur, as for example, "you red man; you should have read bird." Does an Indian lurk in this phonetic sentence? Besides, the phonetic advocates have been obliged to construct a new table of letter values which must be learned in order to read such English as the following: "Hwail dhis muvment waz going on amung dhi scholarz, anudher strim ov influenz tuk its rais amung techerz." New types also must be cast for letters that the ordinary fonts do not contain and that are not shown in the above quotation.

No doubt there is need of reform in spelling English words, if we wish to write them with the fewest possible letters, but, as heretofore, the reform must be gradual. Not even the "independent" can thrust "tho" and "catalog" on the pens of scholars by a per-

sistent erasure of contributor's manuscript. Nor will a certain new dictionary, now making in the interest of phonetic spelling, do more; for it is good usage and not a theory that controls style of every sort, pronunciation, spelling, writing, manners, and dress. It is sufficient for the ordinary man to conform to the custom of the best without attempting something better. It takes more than one man or one knot of men to hasten or retard the steady growth of so vast an organism as the English language.

Meantime it is the business of any man who contributes to a paper to know that he has spelled his words correctly and not to make the printer and proof-reader his spelling-book. If too lazy to turn an "unabridged" let him get a pocket vocabulary and stick to common words, which are best for ordinary use.

L. S.

PHILADELPHIA BOARD OF HEALTH IN RELATION TO CONSUMPTION.

The Sanitary Committee of the Board of Health of Philadelphia offered the following resolutions relative to consumption:

Resolved, That the proposition to officially register all cases of tuberculosis be postponed for the present.

Resolved, That circulars containing rules for the prevention of the spread of tubercular consumption be prepared published and distributed.

Resolved, That the physicians of Philadelphia be earnestly requested to co-operate with the Board of Health in the distribution of these circulars of information, making it an invariable rule to supply every family in which tubercular consumption exists with such a circular; and further, to notify the Board of Health promptly whenever disinfection is required.

Resolved, That whenever a certificate of death from tubercular consumption is returned to the Health Office, a medical inspector visit the house where such death has occurred and satisfy himself that thorough official or private disinfection has been performed.

Resolved, That all cases of tuberculosis that may be reported to the Board of Health be entered in a book kept for the purpose, in like manner as other cases of contagious diseases are recorded.

Correspondence.

Editor of the "Times and Register:"

In your last issue you say: "The Dispensatory of the United States, has introduced the metric system exclusively. That this change involved the uprooting of a system of weights and measures which has been in common use for centuries." Why should they have done so? Are we obliged to follow the French system in order to remove the confusion caused by the great diversity of weights and measures by different nations? Should the U. S. D. not have been mindful of Americans first? Do they not owe Americans the first duty? Is there anything to the average adult more difficult and tiresome than to unlearn that which he learned in his youth? Are we not distinctively Americans? Is there any other country on the globe that counts money as we do? Suppose the fiat should go forth from our government that the Americans should use the money methods of France?

Then why should we drop into desuetude the system that is American and which we have used since our republic began?

The U. S. D. has made a mistake. But then we practitioners have little use for it any more; it is too slow. Once in ten years will not satisfy a hungry and thirsty longing for a rapidly progressive profession.

March 28.

EDWARD CASS, M. D.

Dresden, O.

(Probably no one would exchange our system of money equivalents, our measures for those of the French or English. We grant ours superior. If we see in medicine the same basis of measures, why should we tenaciously hold on to the old English system? Naturally the older medical men will not like it, but when we can use it as freely as we do our decimal system of money, we will see its utility.

Ed. T. & R.)

FOR HABITUAL CONSTIPATION.

	Grams.
R Ext. belladonnae	195
Ext. nucis vomicae	195
Ext. ergotae	780
Divide into 12 pills. One every night.	

L. LEWIS.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

TUBERCULOSIS ACCORDING TO PROFESSIONS AND DWELLING-PLACES.

Lagneau says that mortality from tuberculosis attains its maximum in the sedentary professions (400 deaths per 1000). In large cities the mortality is about twice what it is in towns of less than 100,000 inhabitants, and nearly three times greater than in towns of less than 5000 population. The density of the crowding is not less important than the crowding itself.

Le Progrès Med. E. W. B.

HABITUAL CONSTIPATION AND ITS TREATMENT BY LARGE INJECTIONS OF OIL.

Kussmaul introduced this treatment, which has proved servicable in many cases. Chronic constipation occurs under two forms, atonic and spasmodic. The former is specially seen in elderly people, in whom it is due to weakness of the muscular coat of the bowel, resulting in atony, and producing accumulations of gas, with distension and a catarrhal condition of the large intestine with scybalous feces. Here dietetic means and simple laxatives or injections are generally sufficient.

It is otherwise with spasmodic constipation, as seen in neuropathics, hypochondriacs and in women with uterine disease. This form is due to the retention of solid fecal matter, which brings about permanent spasmodic contraction. A characteristic is the form of the feces, which are always hard, small and lumpy or cylindrical. A variety of constipation shows the lower part of the bowel in a state of spasmodic contraction, while the upper part is distended with gas from atony.

Therapeutically, the distinction between these forms is of importance, for treatment successful in the one is entirely negative in the other. In the spasmodic variety, the use of narcotics, such as belladonna, hyoscyamus, etc., are sometimes successful, but oftener fail.

But, in the use of injections of oil, we have a powerful means of overcoming this condition. The injection consists of 4 to 5 hundred grammes of oil (12 to 16 ozs.), passed slowly during 15 minutes into the bowel. The oil must be pure and the injection practiced in the recumbent position. In inflammatory or ulcerative conditions of the bowel, Fleinir adds from 1 to 2 per cent. of salicylic acid.

—La Rev. Med.

THE INSPECTION OF THE URINE AS A MEANS OF DIAGNOSIS.

Peyer, of Zurich, calls attention to the important information to be obtained by this means. The characters which will serve to give information are color, odor, limpidity and opacity.

Normal urine has a yellow color, with a more or less pronounced tint of red. Urine is often very pale yellow, or almost decolorized. When this occurs without following and being due to excessive amounts of liquid drunk it is due to nervousness, and indicates at once that the patient is not attacked with a febrile disorder. When only transitory it indicates a functional disorder of the kidneys, very common in nervous and hysterical persons.

When of long duration, and diabetes can be excluded, it may be considered as due to some reflex affection provoked by genito-urinary disorder and due to a condition of anemia or some organic disease of brain or cord.

Strongly-colored urine may follow excess in eating or drinking, abundant perspiration; it may also be due to blood, bile pigment, etc., etc.

Normal urine exhales an odor similar to that of "bouillon." In cystitis it becomes ammoniacal. Drugs give different odors, such as produced by copaiba turpentine, asparagus, etc.

But of all the particular odors, that due to bacteriuria is the most pathognomonic. Normal urine is, when emitted, generally limpid. It may after standing a short time precipitate urates. This is seen after meals during febrile states; also, an excess of phosphates may be a cause of opacity and a sign of disease of the genito-urinary organs. Mucopurulent deposits often perceptible to the naked eye are generally due to cystic affections.

The diagnostic sign of bacteriuria consists in opacity, which does not disappear by filtration. Opalescence, when the urine is viewed by transmitted light, is often a sign of irritation of the urinary organs produced by incomplete sexual connection, masturbation, or by neurotic disorders; in woman it is often the index of vaginal or uterine leucorrhœa.

—Rev. Med.

OPEN AIR FOR PHTHISIS.

In a communication on the mortality of tuberculosis, as connected with profession and mode of living, M. Lagneau has clearly shown the harmful influence of dust and insufficient air supply, the first conveying the contagion and the second preparing the soil.

The figures with which he supports his opinion are weighty, but nevertheless in our opinion there exist other factors not less efficient, and not sufficiently noted.

This opinion has been formed by the results of personal investigations for several years on two groups of prisoners, equal in numbers, and submitted to the same moral influences, and the same dust; one group living as a community and having access to the open air, while the other group was kept in cells.

Contrary to expectation the latter group furnished fewer cases of tuberculosis than the former, explained, perhaps, by the former group, being more exposed to dust containing germs carried by the air.

Regarding the different professions, deaths from phthisis are numerous among workers exposed to dust. In Switzerland, stone cutters show a mortality of 10 per 1000. In England, cloth makers, or woolen workers, show 340 per 1000 deaths. Sedentary occupations also show a great mortality.

On the contrary, statistics agree in showing that phthisis only exceptionally manifests itself in persons living in the open air, and following an active occupation. Farmers, gardeners, shepherds, etc., have only a small mortality from this cause.

In France, statistics prove that in general agglomeration of the population shows proportionate increase of mortality from tuberculosis.

—Rev. de Therap. Med. Chir.

ABORTIVE TREATMENT OF GONORRHEA BY PERMANGANATE OF POTASH.

Large injections of permanganate of potash methodically used is the best method of treatment yet introduced. Its advantages are, being absolutely painless in cases of anterior arthritis and scarcely painful in cases of inflammation of the whole tract; it can be commenced or left off without inconvenience; it has no detrimental action on the mucous membrane, but suppresses

every trace of discharge from the first lavage, and is successful in 11 times out of 15—about.

The size of the injection, and its frequency and strength, must be adapted to individual cases. With reference to their reaction, generally strengths of 1 to 4000 or 1 to 2000, or even 1 to 1000 are tolerated.

—Revue de Therap. Med. Chir.
E. W. B.

HOW SHOULD WE TREAT GONORRHEAL ORCHITIS?

BY HENRI PICARD.

In answer to this question I shall not speak of disinfection of the deep urethra by injections, although it may be the first requisite—neither shall I mention the use of a suspensory, since it is obligatory, during the existence of a urethral discharge; but will inquire, "What symptom shall we recognize as the sign of a threatening orchitis?" Beyond the hypogastric uneasiness, the dragging pain in the testicles, there is a sign, less striking, but of more important and anterior value, the difficulty of going to stool.

Every patient with orchitis is, or has been, constipated for several days. This is an almost universal rule, and requires the use of purgatives to prevent the compression of the rectum by feces, and in consequence compression of the hemorrhoidal and periprostatic veins, which bring in their train congestion of the genito urinary organs.

The drastics should not be acid, but salts and castor oil or magnesia should be employed. If constipation persists injections may be used. Conjointly rest in bed, the scrotum supported. Teas or drinks of an emollient nature, baths, general or hip; and for pain salicylate of soda, or antipyrine.

If swelling and congestion are very great, leeches may be used over the course of the spermatic cord.

For induration resulting, iodide of potassium is the best remedy. It should be given as soon as possible, and in doses of about 30 grains per day until all the induration has gone. Strapping the testicles is also a powerful means of resolution.

—La France Medicale.

The French Academy of Medicine advocates placing tubercular phthisis on the list of diseases which are to be reported to boards of health.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

ANGINA PECTORIS.

It has generally been believed until recently that the cause of angina pectoris is due to atheroma or ossification of the coronary arteries, but we know that condition often exists where there is no angina, and that it is found independent of either atheroma or ossification of the coronary arteries or fatty degeneration of the heart muscles. These conditions of the heart and arteries have been shown by recent investigations to be the result, rather than the cause of angina.

Almost every physician, if he recalls cases which have suffered from this terrible malady, will remember their attention has been called to the purely spasmodic type of the disease before there was any apparent indication of heart trouble.

Anyone who has witnessed the frightful spasms of pain when the pallid face and the scarcely perceptible pulse showed the fearful nature of this heart convulsion, a convulsion in which the fearful pain in the chest and the vise-like grip on the heart seemed to be crushing out life, can readily understand why the loss of tone in the heart and blood vessels and their degeneration should be secondary to the disorder of the nerves of the heart, which regulate the tension of arterial circulation.

We should expect to find this disease more intimately associated with aortic regurgitation than with lesion of any of the other valves of the heart, because with its persistent to-and-fro movement the blood is too restless to be appropriated, and the nutrition of the arterial walls and the nerves suffer in consequence. In large cities, where men live out of town, the hurrying to reach the cars is one of the most fruitful causes of angina, followed by positive heart disease, especially in persons of a gouty or rheumatic diathesis. Uric acid is almost always present in these diseases, and the arterial tension varies with the amount of uric acid circulating in the blood.

Dr. Haig, whose experiments on himself are of great practical value, found

in his own case that mineral acids diminished and alkalies increased the uric acid excretion. By diminishing the alkalinity of the blood he could free it from uric acid, relax the arterioles, quicken the pulse, relieve constriction of the heart and pain in the head, while, by increasing the alkalinity of the blood, he could flood it with uric acid, slow the pulse, producing sluggish circulation in the brain, with the attending symptoms of heart and nerves.

We know the blood is less alkaline when the body is doing active work, and reaches its highest point of acidity about midnight or in the small hours of the morning; at the same time, also, and from the same cause, the pulse tension is the highest. The action of the uric acid through the blood upon the nerve centres explains why all nervous disorders are apt to be worse in the morning, and why angina pectoris, which is peculiarly a disease of the vasomotor nerves, is more likely to be roused into fearful action at that time, the presence of uric acid being like the touch of the whip to the restless horse.

Understanding the intimate relations between the brain and the heart, through the vagi on the one hand, and the sympathetic nerve on the other, we can see how the influence of the mind in strong emotion or mental shock may bring on a serious paroxysm in those predisposed to the attacks. As to the cause of the pain, we have seen no better explanation than that of Brunton, that it is generally due to the weakness of the heart, in proportion to the resistance it has to overcome. The muscular fibres are thrown into a state of spasm, as they are made to contract in their weakness against a resistance which it is difficult to overpower, and the pressure which ensues gives rise to excessive pain.

In our treatment we aim, of course, to relieve the arterial tension arising from blood pressure. One of the most active agents during the attack is amyl nitrite. Dr. Brunton, in his experiments on animals, showed that amyl nitrite relieved the blood pressure, not so much by weakening the action of the heart

as by dilating the large and small blood vessels, and that, in all probability, this dilation is produced through the influence of the vaso-motor nerves; this, together with the tracings, having showed that angina pectoris was caused by a spasm of the circulatory organs.

In addition to amyl nitrite, sodium nitrite and nitro-glycerine may be used in the spasms, also hypodermic injections of morphine, atropine and strychnine. Galvinism may be of use, also arsenic, quinine, phenacetin and anti-febrin in strengthening the nerve tone of arterial circulation.

One of the most painful cases of angina pectoris I ever saw was not only relieved but cured by a dose of atropine, in which the patient, misunderstanding our directions, took three times the amount ordered, producing temporary blindness and deafness, but she never had another attack. There is no disease, which, in its general treatment, requires a more careful watch of nutrition and surroundings than angina pectoris.

—Ed., in N. Y. Med. Times.

LESIONS OF EAR, NOSE AND THROAT IN INFECTIOUS FEVERS.

All the general acute infectious fevers are accompanied by inflammation of the throat and nose, excepting in the case of cholera and dysentery. This inflammation may be of a mild type in most cases; very often, however, as in scarlet fever, it takes on a gangrenous or ulcerated form. In this affection secondary disease of the middle ear is also a frequent complication.

Epistaxis, a classical symptom of typhoid fever, is a result of the intense local congestion, and nasal stenosis is another symptom of the congestion, and the patient becomes a "mouth breather." The nasal secretions accumulate and become offensive, and the nasal respiratory function is improperly performed. Frontal headache is also a nervous reflex of the nasal congestion, in the early days of typhoid, and, secondary inflammations develop in the middle ear later on, generally in the second or third week.

Very often a flow of offensive pus from the ear is the first warning. In scarlet fever lesions of the throat are the most constant symptoms. We may have scarlet fever without eruption, but not without sore throat. Ulceration of

the tonsils is common enough. Secondary septic infection of the cervical lymphatics is the rule, the point of entrance for the germs being the ulcerated throat. Ear complications, resulting in deafness, are frequent.

In measles the characteristic is the early appearance of catarrhal symptoms—the rash appears first on the mucus membrane, then on the skin—and the liability to chronic inflammations of the upper part of the expiratory tract.

In the case of smallpox the lesions which appear as vesicles or pustules on the surface of the skin become ulcers on the mucus membrane, and there is danger of adhesion between adjacent surfaces during healing. Otitis media is an almost certain complication.

Erysipelas begins with enlarged tonsil, or with adenoid vegetations, which spread over the face. Facial erysipelas usually begins at the margin of the nares, probably from fissures caused by the irritating nasal discharge.

In septicemia the lesions affecting the upper air tract resemble those of typhoid, with a tendency to submucous suppurations.

In malarial fevers the complications are mostly in the nose and throat.—"Med. Reporter," Calcutta.

THE SITUATION OF THE APEX-BEAT OF THE HEART.

The apex-beat of the heart is most frequently found in the fifth intercostal space, though some foreign observers have placed it in the fourth. The apex tends to fall away from the chest wall when the patient is lying on his back. When in this position, if he rolls over on to the right side, the apex-beat may disappear under the sternum. If he rolls to the left the apex comes most closely into apposition with the chest wall.

On this account, and because when so lying the respiratory movements of that side of the thorax are limited, the last is the most convenient position for taking cardiographic tracings, the left arm being flexed, and the palm of the hand lying under the left cheek. The apex-beat is caused by the sudden hardening of the heart in contraction against its contents, and by the apex being thrown forward and upward as the heart rotates to the right, while the apex comes into a perpendicular with the basal openings.

—Dr. P. M. Chapman, ("Lancet").

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 665 Lexington Ave., New York.

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To give our readers the benefit of every advance step in electro-therapeutics, we invite the special co-operation of earnest, painstaking investigators, who are habitually too busy to write long and ambitious articles, but whose brief, pointed, practical records of cases would be full of value and interest. In this department we shall be glad to find room for our friends in this important field to report their experiences, discoveries, inventions and original ideas.

Address these contributions to "Electro-Therapeutics," "Times and Register," 1725 Arch street, Philadelphia.

ELECTRICITY IN GENITO-URINARY DISEASES.

Dr. G. Betton Massay (University Medical Magazine) says the new methods of electrical application which have attracted such universal attention in the diseases of women have not been generally applied to men.

The age of accuracy in electro-therapeutics appeared only about eight years ago, while nearly all of our literature on genito-urinary electro-therapeutics is much older.

No Apostoli has thus far appeared to guide us to the great truths undoubtedly hidden in the possibilities of electric energy scientifically applied to the prostates, seminal vesicles, vas deferens, and testicles—the analogues of the uterus, tubes and ovaries.

Another and more important reason for lack of advancement in the genito-urinary electro-therapeutics of the male is the surgical air and infection of the day, which leads the physician to look for stricture rather than glandular, muscular or nervous disease.

Far more information can be gained of the condition of the prostate by the rectal touch than by explorations of the urethra, and I am inclined to think that the male urethra has been about as much abused in this way as the uterus was some years ago by rigid sounds and stems.

The recent enormous increase in the expertness of the gynecological finger within the vagina and rectum point to largely unused means of information in male diseases, by which the many abnormal conditions of the prostate, the vesicles and ducts may be explored by the rectum.

The same avenue is peculiarly well adapted to the interpolar and modified polar applications of electricity, the insensitiveness of the rectum permitting really enormous current strengths to be passed through the diseased parts.

The field of electricity in the various conditions of the male organs is peculiarly apparent to the physician familiar with its recent applications in the diseases of women. As a remedy for a chronic catarrhal inflammation of a gland there is nothing superior to the local action of the galvanic current.

The negative pole may be applied to the prostatic urethra by means of olive-pointed sounds, properly insulated, or by converting a prostatic-curved silver catheter into an electrode.

This latter is especially useful in indicating the neck of the bladder by the flow of urine. The positive pole is, however, best when small currents of five, ten or twenty milli-amperes are to be used, and is best applied by converting a red rubber catheter into an electrode by winding No. 30 platinum wire around the end, back of the eye, until a half-inch surface is made, the end of the wire being carried through the wall of the tube and brought out in the tube to attach to the conducting cord. The other end of the wire remains as a knot within the tube. If the application is continuous for three to five minutes, five to eight milli-amperes is sufficient. The applications should rarely be made oftener than once a week. The insertion of an electrode into the urethra is never warrantable for the purpose of applying faradic currents, which are equally well directed to the same parts through the rectal wall.

Rectal applications of the galvanic current are usually sufficient for most cases of deranged functionation and

incipient enlargements of the prostate. The active (negative) electrode is an olive-shaped ball, about the size of the index finger, mounted on an insulated staff.

This is pressed against the under surface of the gland.

In order that the bulk of the current may penetrate the prostate and its adjacent structures the indifferent electrode must be upon the abdomen, and should be fully as large and as good a conductor as that used in the Apostoli method.

The effect of proper treatment thus applied is but slightly unpleasant, and its power to cause absorption of effused and adventitious material and promote healthful contractions of non-striated muscle is very great. Shrinkage of the prostate itself is promoted by the conjoint use of the primary faradic or coarse-wired secondary faradic current, with the electrodes arranged as just described. By carrying the active electrode a little higher the method may be used as a powerful stimulus to an atonic bladder, which is so often found associated with prostatic enlargement.

A NEW ELECTRODE FOR CURRENTS OF HIGH INTENSITY.

The question of suitable electrodes for the administration of strong galvanic currents is one of the utmost practical importance.

In the "New York Medical Journal" Dr. A. D. Rockwell describes a clay-filled disc, made for him by the Kidder Manufacturing Company. He says: "Whenever it becomes desirable to influence by the galvanic current any internal organ or portion of the human body it is frequently necessary, in order to achieve the best results that electricity is capable of giving, to apply currents of far greater strength than those usually employed, and indeed greater than it is possible with the electrodes in common use, without producing injury to the skin and unbearable pain.

"Relative to metals, animal tissue is, of course, a poor conductor; but, as compared with the epidermis, it is an exceedingly good conductor, and therefore in making use of percutaneous applications of electricity to the human body, we need no resistance except that of its outer covering, the skin. Of the various conducting materials I know none so satisfactory in overcoming this resistance

as sculptor's clay. The comparatively slight resistance that the clay itself offers to the passage of the current must be attributed not alone to its moisture, but to the contained aluminium, which imparts to this material some of the conductivity of metal.

"The objection to clay is that it is dirty, and difficult to handle without soiling the clothes and person of both physician and patient. To overcome this difficulty and thus render available this most useful material for general electro-therapeutical purposes, I have devised the set of electrodes now described. They are made of hard rubber, may vary in diameter from one to five inches and the bottom of the rubber disc is lined with a plate of block tin. This is an important feature, since, with strong currents ordinary metallic conductors speedily become oxidized at the positive pole and their efficiency is impaired.

"Block tin for all ordinary purposes is practically non-oxidizable. When wanted for use the mold is simply filled to the edge of the rim, or a little beyond, with moistened clay, and we have at command an electrode which permits the application of very strong currents without discomfort to the patient.

"One who has been accustomed to use only electrodes of sponge, or absorbent cotton, or chamois skin will be surprised at the strength of current it is possible to administer with these contrivances. With an electrode of this kind, two inches in diameter, one can readily bear from seventy-five to a hundred ma., and on the well-known law that the greater the area the less the resistance, we have only to enlarge our electrode to obtain with the same electromotive force an increased current strength that is just as readily borne, since it is distributed over a large area."

AN ACCOMMODATING COURTIER.

The Queen mother of Louis XIV said to a pregnant lady, "Mon Dieu, you would do me great pleasure to be confined this month of August, so that you can go to Bourbon with me." The lady, returning home, told her husband that he had better send for the midwife, because she wished to be delivered the following night, so that she might not disoblige so powerful and so good a princess.

—Rev. Med.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

MYDRIATICS

The writer was taught to direct a patient, whose eyes needed examination for spectacles, to drop a 1 per cent. solution of atropine sulphate into the eyes three times a day for a week, and then the examination would commence. By this time the ciliary muscle would be paralyzed to the centre of the earth, so to speak.

Some oculists would then give the full correction under atropine, while others would subtract one dioptré in ordinary cases of hypermetropia, and add a similar amount of glass in a case of myopia. If astigmatism were found the full correction was usually given.

Under this plan patients almost universally complained of their glasses. If they went back to their oculist, that individual, armed with theories and backed by the details of examination in his books, would advise the patient to persevere in wearing the spectacles until they became comfortable. Then the time the glasses would be worn would be proportional to the faith of the patient in the oculist.

In 14 years of practice the writer has never used atropine in this way in a single instance, regarding such practice as unscientific, not to say slipshod. But the works on refraction are still advising the use of atropine in all cases of ametropia.

We apprehend that in the future the best oculist will be the one who places least dependence upon mydriatics. Anyone with a small amount of optical knowledge can refract a paralyzed eye; but it requires skill to fit spectacles to an eye with active accommodation.

This is not a plea for doing away with mydriatics altogether. They are sometimes a necessity. Children with defective eyes, who are pushed to keep up with their classes in school, will often see with almost any glass for a moment, and not longer than a moment with any. In such cases a mydriatic must be used. The best one is hydrobromate of homatropine, in 2 per cent. solution. If it is dropped into

the eyes once in five minutes, for half an hour, at the end of an hour they will be ready for examination. The patient can read again in from eight to 12 hours; but the force of the drug does not entirely disappear in less than 72 hours.

The prescription for spectacles should not be given until the effect of the mydriatic has disappeared, and the eyes have been carefully examined again, to see how much of the correction can be given.

After the patient is 15 years old, a mydriatic is seldom necessary. The hypermetrope should be made myopic with a convex glass, and then fitted with concaves, until he can see 20-xx. The difference between the two lenses is the amount to be prescribed.

In myopia the weakest concave lens that will enable each eye to see 20-xxx should be prescribed. If either eye is made to see 20-xx it will be over-corrected, as a rule.

There is little use in administering a mydriatic in horizontal or perpendicular astigmatism. The hypermetrope should have the strongest convex cylinder he will accept, and the myope the weakest concave cylinder that will enable him to see 20-xxx with either eye.

In oblique astigmatism the axis found under atropine is not the one found after the effect of the mydriatic has disappeared in many cases. To trust to a mydriatic in such cases is to lean upon a broken reed.

The never-to-be-answered argument against this plan is that opticians will do the spectacle fitting. Well, they will do it any way. They will not stop because we try to make them think a thing is true when it is not. The truth is, the more opticians try to fit the eye, the more they will help the oculist. Being ignorant of the physiology of the eye, they will fail to give good results, and only educate the patient to go where he can get the best treatment that science can offer.

There are no secrets in medicine. Knowledge is free. But the time will never come when the man who gives his whole time and energies to an occupation will not stand more than an equal chance with one who has had only a partial preparation and a narrow experience.

J. A. T.

Miscellany.

TREATMENT OF CHRONIC RHEUMATISM.

DUJARDIN-BEAUMETZ.

The treatment of chronic rheumatism has always been obscure on account of several affections, which have nothing in common but chronicity, being confounded together.

These diseases may be grouped as follows:

1. Rheumatism characterized essentially by deformity of the joints, deforming or nodular rheumatism.

2. Articular rheumatism succeeding an acute attack and rendering the parts useless.

3. Multiple manifestations of rheumatism, chronic in character.

The first group is a special evolution of the disease; there is no acute condition and no heart complications. It attacks debilitated individuals, especially women; its march is progressive—a deformity once acquired is never cured, but steadily progresses.

The second division is not marked by deformity, but by dryness of the articular surfaces, producing functional loss of power. It is liable to accessions, during one of which heart symptoms may be noticed first. The third variety shows muscular pains, neuralgias, dermalgia—the rheumatic state which has received the name of chronic rheumatism.

Each of these groups requires a special treatment.

For the deforming variety nutrition must be kept up, best by use of arsenic and the iodides. Sometimes arsenic appears to aggravate the symptoms; then iodine and the iodides will be found to answer best.

The coal tar antipyretics and analgesics are sometimes useful, especially phenacetine.

To this medication must be added all the essentials of hygiene and alimentation, electricity, massage, etc. The treatment, however, is not very satisfactory.

In the chronic rheumatic cases, beginning with an acute attack and becoming localized in some of the articulations, the condition depends probably on its action on the cord.

There is, in fact, a great similarity between this sort of chronic rheumatism

and the articular deformities which Charcot described in cases of tabes.

Here the salicylates are of service as preventives and cures. External means—as electricity, massage, baths—are, however, the chief reliance, combined with regulation of the diet, approaching to vegetarianism.

In true chronic rheumatism (of the third group), the rheumatic diathesis, the salicylates, massage, baths, diuretics and laxatives, thermal waters and alimentary regulation are the best means for prevention and cure.

VARICOCELE.

Will you please give your most successful treatment for varicocele?

Is the injection treatment a success? If so, give formula and method of treatment.

—D. D. R.

I prefer the ligature, though in some cases the more extensive operation of excision of the enlarged veins is necessary. For hydrocele, injections of Churchill's iodine have proved effectual, but in my unskillful hands all injections have failed. My best results were obtained by inserting a silver tube in the sac, and draining thus until the cavity was obliterated by adhesion.

W. F. W.

HISTORY OF FOUR WOMEN WHO REFUSED OOPHORECTOMY.

In each case the removal of the uterine appendages was insisted upon by gynecologists, and refused. The time that has elapsed since the refusal of the operation varies from eighteen months to twelve years, and all the women are now in excellent physical health and happy; two of them have since borne children. They are the only women I have ever known to be advised the operation and refuse it. In a practice of average size for twelve years I have had occasion to recommend the removal of the appendages once, excepting cases of ovarian tumors. Several of my patients have drifted into other hands and had oophorectomy performed, and, as far as I can learn, have been disappointed in the results each time. The best men in this special line of work are doing this operation less and less

each year. Their place is being amply filled by lesser lights, with smaller numbers of individual cases, but with a yearly aggregate that is terrible to contemplate.

—Atlanta Medical and Surgical Journal.

RABIES IN THE WEST OF SCOTLAND.

The authorities in Glasgow and in the county of Renfrew have at last proclaimed a three months' muzzling order for dogs, in view of the prevalence of rabies in Glasgow and in its vicinity. The order which has been issued states that dogs found at large unmuzzled and without a collar bearing the name and address of the owner will be destroyed. If this is done thoroughly the city should soon be rid of a multitude of ownerless and useless dogs, which are a source of danger not only to men, but to the canine race as well. The magistrates have acted upon the recommendation to send bitten persons to Paris and they have undertaken to send to Paris, at the city's expense, in cases in which such aid is required, such persons as are bitten by rabid dogs. There is already a Glasgow constable in Paris undergoing treatment in the Pasteur Institute; two more men have just gone in charge of Dr. A. K. Chalmers, our junior medical officer of health, while a fourth has gone to M. Pasteur at his own expense. It is worthy of note by our anti-vivisectionist friends that Dr. Chalmers has had to take with him the spinal cord and part of the brain of the rabid dog in order that it may be definitely ascertained in Paris whether rabies was actually present. An effort was made to have this question settled at the University, but this was found to be impossible within a reasonable time on account of the preliminary forms which have to be observed before inoculation experiments on living animals can be carried out. General complaint was made at the Council meeting that there were no means in the country of dealing with rabies by M. Pasteur's method, and the hope was expressed that a Pasteur Institute would soon be established among us. Another patient from Paisley, a girl aged seven years, has just been sent to Paris for treatment by this method.

—Lancet.

CONSOLING TO PHTHISICAL PATIENTS.

Since the statement made public not long ago that certain medical and sanitary scientists were endeavoring to have phthisis placed in the category of contagious diseases, thus enforcing persons affected with this formidable malady to be taken from their homes to a hospital until death or recovery ensued, more likely the former, much alarm has doubtless been caused in many stricken homes. More recently, however, the Board of Directors of the Pennsylvania Society for the Prevention of Tuberculosis have adopted a quieting resolution to the effect that while the contagious character of tuberculosis had been amply demonstrated, it was yet an entirely preventable disease. Sterilization of the tuberculous matter will so largely prevent the spread of the disease as to render perfectly safe the most intimate relations between those who suffer from the malady and those who do not. Compulsory isolation of patients, or any trespassing upon the privacy of their lives is, therefore, deemed unnecessary.

—Medical Summary, March, 1894.

NO MONEY RETURNED.

It is unfortunately not unusual for a doctor to have to sue for a fee, but we never, until now, heard of a case in which a doctor was sued for the recovery of part of a fee which had already been voluntarily paid to him. Such a case was tried before the County Court Judge for Fermanagh last week. Drs. Walsh and Gunning, of Enniskillen, had been summoned to attend a farmer's son who had received a very dangerous injury of the thigh. They had to drive ten miles in the middle of the night, and to walk a mile up the mountain. They found that amputation was indispensable, and told the farmer the boy could be operated on in the County Infirmary at a small charge, but that they considered that his removal to such a distance would be excessively dangerous. The farmer elected to pay the requisite fees, which he was apparently well able to do, and the amputation was then and there done. The doctors did not leave the house until three o'clock the next day, when their fees (£10 to Dr. Walsh, and £5 to Dr. Gunning) were cheerfully paid. The boy subsequently died from secondary hemorrhage, and the farmer now sued Dr. Gunning to get back £2 18s. We do not know by what principle of law or equity such a claim could be upheld. At all events, the Judge at once dismissed the case with costs against the farmer.

—Medical Press, Feb. 7, 1894.